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Held at Headquarters, New York,
on Thursday, 14 July 1994, at 6 p.m.

President :

Mr. BUTLER

(Australia)

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Coordination of United Nations activities related to HIV/AIDS

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The meeting was called to order at 6.25 p.m.

COORDINATION OF UNITED NATIONS ACTIVITIES RELATED TO HIV/AIDS (E/1994/71)

Dr. MERSON (Executive Director, WHO Global Programme on AIDS), speaking on behalf of the organizations sponsoring the joint and co-sponsored United Nations Programme on the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), namely, the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank and the World Health Organization (WHO), said that the report before the Council (E/1994/71) was the product of a process of consultation initiated in response to resolution 1993/51 of the Economic and Social Council, endorsing World Health Assembly resolution WHA 46.37.

The HIV/AIDS pandemic, the end of which was still not in sight, was truly a global problem which affected all continents and all countries and required a unified response from the United Nations system. Although some health problems claimed a larger number of victims, HIV/AIDS was on the rise and selectively affected young adults, thus depriving children and the elderly of their care and support. Moreover, it had a social and economic impact out of all proportion to the number of persons infected, which it was estimated would reach 30 or 40 million by the year 2000.

There was now a double challenge: on the one hand, in countries where HIV had arrived early, there was a need to provide care for the growing number of people with AIDS, to address the economic and social consequences and to accelerate prevention efforts; on the other hand, in countries where HIV was a new phenomenon, it was essential to prevent the serious epidemics which had occurred elsewhere.

AIDS extended far beyond the health sector in that it required, among other things, a broad societal commitment to tackle the roots of HIV spread, such as migration, the subordination of women, illiteracy and poverty; community-based initiatives to encourage young people to adopt protective sexual practices; the involvement of women's organizations in teaching women to protect themselves from HIV; and the participation of the private sector in setting up AIDS prevention programmes in the workplace. It also required grass-roots, religious and other organizations to provide health care and social support to those infected, as well as concerted action by the appropriate ministries to alleviate the impact of AIDS on families and communities.

(Dr. Merson)

In his view, the best means of bringing about a collective response to the problem on the part of the United Nations system in such areas as policy formulation, strategic planning, advocacy and research, as well as a country response that met the needs of each State, was the joint and co-sponsored United Nations programme on HIV/AIDS which, following a series of studies, evaluations and analyses, had received the support of the sponsoring organizations and which the latter hoped would receive the further endorsement of the Economic and Social Council.

He pointed out that the process of developing the programme had been a response to the need for greater coordination and unity in the struggle against HIV/AIDS, and said that, in his opinion, the organizations taking part in it had been acting in good faith and to the extent of their capabilities. He noted that the partnership that had been initiated could not be limited to the sponsoring organizations, and that the challenges ahead would involve the expansion and consolidation of the partnership with Governments, non-governmental organizations and other organizations and agencies of the United Nations system, as well as groups representing people living with HIV/AIDS.

In conclusion, referring to the participation of WHO in the administration of the programme, he said that WHO planned to review, with the other sponsors, its operational practices and procedures in such areas as budget and finance, audit, personnel management and supply services to determine how best to meet the needs of the programme and to ensure that it had the infrastructure support it required. WHO appreciated that it would be accountable to the Member States, the sponsors and the Director of the programme for day-to-day management of the programme, and looked forward to working with its partners in those and other challenges that lay ahead.

Ms. REID (Director, HIV and Development Programme, division for Global and Interregional Projects of the United Nations Development Programme) said that the speed with which HIV was spreading throughout the world and the potential devastation which it could bring to communities and nations made coordination of the United Nations system response imperative. Cooperation was all the more necessary because of the multidisciplinary and multidimensional nature of the interplay between the epidemic, the health and well-being of people and the development of nations. Significant progress had been made in that respect already, as the United Nations system was becoming increasingly aware that it was engaged in a collective venture, in a

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(Ms. Reid)

voluntary endeavour to respond to that epidemic, and that its success or failure would be visible not only to Member States, the media and public opinion, but also to all those who might, or might not, be spared by that common endeavour.

The organizations participating in the joint programme had already committed significant human and financial resources to the process. They were working towards a common policy that would reflect and reinforce their people-centered approach and capture the multifaceted nature of the epidemic. The heads of the six organizations had clearly signalled that their future new relationship had to involve a synergistic and mutually supportive use of each organization's skills and resources so as to form a flexible whole that was capable of responding to the changing nature of the epidemic and of entering into true partnerships at the national and global levels. They had further embarked on a process of rethinking and exploring ways to make their assistance more effective and sustainable. Their contribution depended, however, on the collaboration of Governments, of other United Nations and bilateral agencies, non-governmental and community organizations, intergovernmental organizations and individuals.

In conclusion, she noted that international support for development assistance was flagging, and an increasing proportion of it was being directed towards emergency aid rather than towards human survival and sustainable development. That was the challenge which had to be faced with determination and imagination.

Mr. NOBLE (Canada), referring to predictions that 40 million people would be infected with the AIDS virus by the end of the present decade, said that that indicated the need to coordinate international efforts to combat the spread of the disease as effectively as possible. The joint and co-sponsored United Nations programme on HIV/AIDS constituted the global community's renewed response to the unrelenting threat that it presented.

Canada actively supported the development of the joint United Nations programme and was one of the sponsors of a draft resolution calling on the Economic and Social Council to support the establishment and further development of the joint and co-sponsored United Nations programme. He invited those delegations which wished to do so to join the sponsors.

The programme was based on the principle of co-ownership, which involved shared commitment for its realisation and the definition of its orientation, and collaboration in the planning and execution of its activities. It would

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(Mr. Noble, Canada)

provide global leadership for normative activities relating to HIV/AIDS in areas such as social and economic planning, population, culture, education, community development and sexual and reproductive health. At the country level, each sponsoring organization would provide assistance to national activities in its area of expertise in a coordinated, multisectoral manner.

His delegation strongly supported the participation of non-governmental and community-based organizations and groups of people living with HIV/AIDS in the programme activities. It must have the broadest cooperation possible in order to overcome the challenges posed by the disease.

He requested the support of the Economic and Social Council for a new and innovative programme, the creation of which was timely as the United Nations system was being reformed to meet current and future needs. It was important to recognize the work that had been accomplished to date in defining the programme and thus reinforce the support of the international community in working out the remaining details on issues such as governance, resource flows and the organizational structure.

Despite the fact that the resolution that the Council was being asked to adopt could be considered as a first step in making the transition to the joint and co-sponsored United Nations programme on HIV/AIDS, it should be acknowledged that there were still many details to be worked out on important issues. Paragraphs 9 and 11 of the draft resolution would facilitate an open process for their definition.

Mr. BELHIMEUR (Observer for Algeria), speaking on behalf of the Group of 77 and China, said that over the past decade the problem of AIDS had become one of the greatest threats to humanity, and the response from the international community must therefore be commensurate with the danger it represented.

The Group of 77 and China, whose members included some of the countries most seriously affected by the disease, could do no less than call for the mobilization of all the financial and material means necessary to combat the spread of the pandemic. In that connection, he urged the organizations of the United Nations system to increase their coordination in accordance with the relevant provisions of the General Assembly resolutions. Finally, the members of the Group of 77 and China were prepared to consider all resolutions on that subject submitted for the Council's approval.

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Mr. HENZE (Germany), speaking on behalf of the European Union, said that AIDS was a pressing challenge worldwide with grave implications for human development and national and international governance. It could no longer be treated solely as a health issue; its socio-economic ramifications and consequences must be addressed. The Economic and Social Council was called upon to perform a crucial function in coordinating the resources of the United Nations system in the fight against the pandemic.

The European Union had taken note of the progress achieved in the preparatory work in devising a joint and co-sponsored United Nations programme on HIV/AIDS, although it would have preferred to see more concrete proposals by the current stage.

In May 1994, the Development Council of the European Union had agreed on a number of common principles and priority strategies to increase the effectiveness of its development cooperation policy in the fight against HIV/AIDS in the developing countries. The European Union had a great interest in the establishment of a joint and co-sponsored programme which would have the primary aim of strengthening national capacities and which would truly respond to the need for a multisectoral approach that fully exploited the comparative advantage of the participating agencies. It would support every effort to enable the Council to take a decision in principle during the current session. As for the structure and functioning of the proposed programme, some important issues were still outstanding. In particular, greater clarity was needed on the role and objectives of the programme, the scope of its activities, its governance and staffing and its financing. It was also essential to set priorities, define the objectives clearly and establish a mechanism for follow-up and assessment, including epidemiological monitoring at the field level.

One of the main objectives of the programme must be to encourage a commitment from Governments to address the crisis and to strengthen their capacity to draw up comprehensive national strategies that involved not only ministries of health, but a broad range of agencies concerned with all aspects of the socio-economic and developmental implications of the pandemic. National plans and priorities constituted the main frame of reference for external assistance and the combined efforts of the programme should be aimed at the strengthening and further development of coordinated national policies and their integration into overall development policies and the early establishment of coordination mechanisms at the country level for HIV/AIDS-related activities.

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(Mr. HENGE, Germany)

Prevention strategies must be implemented early. Since gender disparity was one of the most fundamental underlying causes of the rapid spread of HIV among women, especially young girls, the joint and co-sponsored programme should focus on the education of adolescents and aim at improving the status of young girls and women. Infected people must receive support at the family, social and legal levels to enable them to cope with the traumatic effects of the pandemic.

In view of the complexity of the causes and consequences of the pandemic, the multisectoral approach required the participation not only of WHO but of a variety of organizations. The European Union would carefully evaluate the respective roles of the various organizations and emphasized that the fight against AIDS would require different strategies in different countries and regions.

The programme should be flexible and innovative and allow for the continuing cooperation of the participating organizations without leading to static institution-building. It was essential to strengthen coordination of policies and strategies in the field of HIV/AIDS and to encourage collaboration in the formulation of national programmes; in that connection, the participation of the resident coordinators referred to in General Assembly resolutions 44/211 and 47/199, would be crucial.

It was important to make use of the experience gained at the field level, the participation of the co-sponsoring agencies in national strategies, and the comparative advantage of those organizations. Their existing programmes must be preserved, where appropriate, during the transition period.

With regard to the human rights dimension of the pandemic, discrimination against persons infected with HIV or afflicted by AIDS should be avoided, in accordance with resolution 1993/53 of the Commission on Human rights of 9 March 1993.

Mrs. RADUCHOWSKA-BROCHWICZ (Poland) said that Poland had been among the sponsors of World Health Assembly resolution WHA 46.37, which had initiated the consultations leading to the consensus among the organizations participating in the programme. Coordination between those organizations would be achieved through the joint management structure of the programme, through a truly coordinated global work plan, through a common fund-raising approach for global activities, and through a centralized focus on technical and strategic policy issues.

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(Mrs. Raduchowska-Brochwicz, Poland)

In her country's opinion, the most important advantage of the programme for Member States was its more effective reinforcement of national responses to the epidemic, which would avoid duplication of effort and ensure consistency in strategic policy and technical matters among organizations of the United Nations system. As a result of the strengthening of the existing national coordination mechanisms (presided over by Ministries of Health), the role of the national authorities would be enhanced in the development and coordination of a multisectoral national response. The programme would also ensure a more coordinated, comprehensive contribution by the United Nations to the overall national response. The World Health Organization, as the administrating agency, would play the crucial role in administering the programme.

For those reasons, Poland supported the draft resolution of the Economic and Social Council on a joint and co-sponsored United Nations programme on HIV/AIDS, and welcomed the idea of establishing an open-ended working group to elaborate the mandate of the programme, its precise organizational structure and its working methods. The division of labour between the central Secretariat, which would undertake activities at the global level, and the co-sponsors, which would undertake activities at the country level, must, however, be further defined. With regard to financing, Poland supported the concept of financing Secretariat activities through voluntary contributions. However, the mandate of the governing body of the programme, comprised of selected Governments, must be clarified and the criteria for membership should be further elaborated. The Economic and Social Council should also be provided with the appropriate power to review and evaluate.

Finally, Poland urged all participants in the Global Programme on AIDS to spare no effort in moving forward with the implementation of the Global Strategy on AIDS.

Mr. DOUJAK (Observer for Austria) endorsed the criteria set forth by the representative of Germany and said that Austria supported the resolution of the Economic and Social Council concerning the establishment of a joint and co-sponsored United Nations programme on HIV/AIDS. Austria considered that the results of the WHO Global Programme on AIDS, although less satisfactory than had been hoped, constituted a valuable scientific contribution in the light of the current state of knowledge; the international community should persist in its efforts to address such public health issues in an unequivocal manner.

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(Mr. Doujak)

Austria fully supported the idea of six specialized agencies of the United Nations system participating on an equal footing in a joint programme under the authority of their respective governing bodies and hoped that they would be joined by other organizations or programmes of the United Nations system. The programme would, of course, benefit from keeping administrative costs to a minimum and using the bulk of the resources for concrete operations, leaving the administrative aspects of the programme in the hands of WHO.

Austria wished to make three points in relation to the establishment of clear objectives: the programme would have to take account of the forms of discrimination to which persons infected with the virus or showing symptoms of the disease were exposed and seek to eliminate them, ensuring that promotion of and respect for human rights were a component of all activities under the joint programme; secondly, the programme should be as flexible as possible to ensure that responsibilities were shared among the participants; non governmental organizations in particular had a very important role to play in ensuring effective programme implementation at the country level; lastly, Austria considered that the programme could not be expected to produce satisfactory results unless full account was taken of the drug problem; in that connection, it supported closer cooperation with the United Nations International Drug Control Programme.

Mr. FRIIS (Denmark), speaking on behalf of the Nordic countries, said that while the efforts of the United Nations system to combat HIV/AIDS had been commendable, they had not gone far enough. The keywords in the fight against the pandemic, which had both medical and socio-economic dimensions, were collaboration and coordination, and not competition.

Welcoming the proposal to establish a joint and co-sponsored United Nations programme on HIV/AIDS, he said that Member States would have to continue discussing outstanding issues regarding the administration and financing of the programme and to follow its development closely, not only in the Economic and Social Council and the governing bodies of the co-sponsoring organizations but also at the country level and in the field.

Continued collaboration among the six participating organizations through the Committee of Co-sponsoring Organizations (CCO) was necessary to work out the details of the programme.

In addition, the Nordic countries welcomed the active involvement of Member States and non-governmental organizations in the Task Force on HIV/AIDS Coordination.

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Mr. BETI (Observer for Switzerland) said that Switzerland firmly supported the joint and co-sponsored programme described in the draft resolution, commended the efforts of the six co-sponsoring organizations to enhance coordination of their action against the pandemic and thanked in particular the delegations of Canada and Uganda for preparing the draft resolution, which Switzerland was willing to co-sponsor.

The new inter-agency association, whose details remained to be specified, offered many advantages but was not risk-free; it was nonetheless essential to act swiftly, since the disease was inexorably gaining ground and the launching of the programme would take time.

Switzerland therefore wished to emphasize in particular the importance, as stated in the draft resolution, of continuing to implement current activities or activities in the pipeline vigorously and decisively and ensuring that they were not impeded at the headquarters of the organizations by the launching of the joint programme.

Mr. KELLOWAY (Australia) said that Australia, as one of the core group of countries involved in preparing the draft resolution originated by Canada, was pleased to co-sponsor it and would support any consensus emerging from the discussion of the text.

The HIV/AIDS pandemic was a litmus test for the organizations of the United Nations system, since it transcended not only their mandates but the limits of medical knowledge. The fight against the pandemic called for a holistic and comprehensive approach on the part of countries and a coherent response from the United Nations. The United Nations system would have to learn to operate in new ways in order to respond effectively and its organizations would have to assume an equal share of responsibility.

Australia considered that the support so far provided by the United Nations system to national Governments in the fight against HIV/AIDS gave cause for optimism. It commended the efforts of the participants in the joint and co-sponsored programme to cultivate a spirit of cooperation in planning and implementing the programme; in particular, it welcomed the decision to have WHO provide administrative support during both the transitional and implementation phases and appreciated the involvement of WHO, UNESCO and the World Bank, bodies with their own governing structures that had decided to collaborate with funds and programmes in the framework of the Economic and Social Council. It was essential that all six co-sponsoring organizations should continue to support existing programmes during the transitional period.

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Australia supported the activities aimed at transforming the inter-agency working group into a formally constituted Committee of Co-Sponsoring Organizations.

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(Mr. Kelloway, Australia)

In addition, it supported the request that the six co-sponsors should submit by January 1995, for the consideration of the Economic and Social Council and other concerned parties, a detailed proposal on the structural, programmatic, administrative, financial and staffing aspects of the programme and a legal document for its formal establishment.

Australia strongly endorsed the emphasis placed in the programme on operations in the framework of national plans and priorities and the idea of helping to develop such plans and priorities in countries where they did not exist.

With regard to the draft resolution itself, Australia was aware of the need to involve various actors, especially those with prior experience in the areas, such as the Task Force; however, the Task Force should not be involved at the expense of other actors and would have to adapt itself to the provisions established by the Committee of Co-sponsoring Organizations. It was essential that all bodies should continue to draw on the services of their specialized staff with a view to supporting field activities.

Lastly, Australia would appreciate the early appointment of a programme director, given the urgency of the task to be addressed. There was still a great deal to be done, particularly with respect to structural, programme and staffing details. However, Australia believed that the United Nations was equal to the task.

Mrs. KIMBLE (United States of America) said that the United States Government firmly supported the launching of the joint and co-sponsored programme on HIV/AIDS. The programme should clearly concentrate on the country level, since it was there that the impact of AIDS was most severe. Such an approach would ensure that the urgent need to strengthen countries' capacity to respond to the pandemic was much more effectively addressed.

The multisectoral character of the AIDS problem called for involvement not only by the co-sponsoring organizations but by all Member States, which should give top priority to the implementation of the programme. The adoption of a common approach - a programme, a set of priorities, a budget, a national plan for each country - would be the most effective way of combating AIDS at the country level.

Her delegation trusted that the programme would not be an exercise in bureaucratic restructuring but would achieve results in the countries where they were most needed. The six organizations were to be commended on their

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(Mrs. Kimble, USA)

resolute action in response to the demands of Member States for a really coordinated United Nations response to a complex problem. The flexibility of the co-sponsors and their effective and continuous cooperation, especially during the transitional period, would be essential for the programme to bear fruit.

The United States was pleased to co-sponsor the resolution drafted by Canada and noted that it left scope for considering in greater detail certain questions that were still pending. The ongoing consultations scheduled for the period until April 1995 would enable all outstanding issues to be resolved and rapid progress to be made in establishing the programme. To ensure the success of the proposed global collective action, it was essential for the Economic and Social Council to adopt the resolution as soon as possible and for the organizations to launch the co-sponsored programme speedily.

Mr. MONGBE (Benin) said that he joined those delegations that had underscored the importance of measures to combat AIDS and commended the six organizations which had taken the initiative to co-sponsor the joint programme. That was a new development in the annals of the United Nations and was necessary since AIDS continued to wreak havoc, particularly in Africa. He noted with satisfaction the draft resolution sponsored by Canada and Uganda, which met concerns that had been expressed since the previous year both in the Economic and Social Council and the Governing Councils of UNICEF and UNDP. His delegation also wished to sponsor that draft resolution.

The campaign to combat HIV/AIDS was a multidimensional issue affecting education, social and economic planning and community development in addition to health. Accordingly, it was necessary to implement a practical and varied programme which would have an impact in the field and not be limited to bureaucratic restructuring.

He hoped that the international community would give comparable attention to measures to combat malaria and formally proposed that the six co-sponsoring organizations should envisage the same process that had led to the joint programme on AIDS in order to draw up a programme to combat malaria.

While he expressed satisfaction with the draft resolution, he would be more enthusiastic if the proposal that he had just made, which was supported by all the African delegations and other tropical countries affected by malaria, was linked to the campaign against AIDS.

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Mr. CAMARRA (Director-General, United Nations Food and Agricultural Organization (FAO)) said that the work by FAO in the field in Africa showed that the incidence of the disease in rural areas varied greatly and that the areas with the highest infection rate usually coincided with major transportation routes and reflected past periods of social unrest. The impact of HIV/AIDS on agricultural activities and rural development was due to the fact that the disease mainly affected working-age groups in the labour force and to its disproportionately high incidence among more educated persons in urban areas. As a result, some communities would experience manpower shortages for agricultural activities and there would be many orphans and elderly people who cared for children. All that would lead to community breakdown and even greater poverty. The systems for cultivating crops tended to become simpler and less diversified and people were growing more food crops than commercial crops, which required greater manpower. It was a cause for great concern that the communities with a higher incidence of cases would irremediably lose a great store of traditional knowledge about agriculture.

In order to demonstrate the work being conducted in the field, he pointed out that FAO had just completed a regional project in Africa, with UNDP financing, on the impact of HIV/AIDS on the agricultural systems and rural ways of life in East Africa (Tanzania, Rwanda and Zambia), which had been launched in May 1993. A number of projects were also being carried out concerning young people in rural areas, with FAO and UNFPA financing, in Uganda, Zimbabwe, China, Viet Nam and Central America.

FAO was a member of the Inter-agency Consultative Group on AIDS, set up to coordinate United Nations activities in that field, and regularly attended the group's bi-annual meetings. Now that a new mechanism was going to be established for the six co-sponsoring agencies, it was not clear what would be done with the activities of the agencies which were not co-sponsors, as was the case with FAO.

Mr. MSENGETI (Zimbabwe) said that he agreed with the representative of WHO that AIDS had very different aspects and went far beyond the field of health since it has an impact on the sectors relating to women, literacy, migration and poverty. It would be possible to combat the epidemic effectively only through a coordinated and multisectoral approach with the participation of both Governments as well as United Nations agencies and other sectors and institutions. His delegation read with interest and appreciation the report on progress in establishing a joint and co-sponsored United Nations programme on AIDS (E/1994/71) and noted with satisfaction that the report

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(Mr. Msengezi, Zimbabwe)

stressed that the most important function of such a programme was to strengthen national capacity to plan, coordinate, execute and monitor the overall response to the pandemic, including the provision of technical and financial assistance. His delegation was a sponsor of the draft resolution and would cooperate with other delegations in order to reach a consensus.

Mrs. KORPI (Finland) said that her country fully supported the joint and co-sponsored United Nations programme on HIV/AIDS and commended the Task Force on HIV/AIDS Coordination and the Management Committee of the WHO Global Programme on AIDS for their very valuable and encouraging work. Nevertheless, her delegation had certain reservations concerning the management and financing structures contained in the proposal by Canada since those aspects had not been thoroughly discussed and some of them were still unclear. She therefore looked forward to the discussions on the draft resolution in informal consultations, which as many agencies as possible should attend in order to put forward their ideas, although it was for the members of the Council to take a decision on the matter.

Mrs. DIOP (Senegal) requested additional information on the report on progress in establishing the joint programme (E/1994/71). Paragraph 19 of the report indicated that the programme would be supported by voluntary contributions to be obtained through a common appeal. It also stated that the costs of programme country staff members could be financed through those contributions. Since the various co-sponsors of the programme already had representatives in each country, she wished to know whether there would be a need for further resources for programme staff members or whether the representatives of the agencies already in the field would be redeployed in order to avoid further expenses, particularly in Africa, where the costs of staff members dealing with AIDS was two or three times greater than the resources actually being used in the fight against the disease. The report also indicated that the programme would not have a uniform regional structure. She wished to know in that regard what the co-sponsors of the programme had envisaged for its implementation at the regional level, particularly in Africa, where resources were practically non-existent. With regard to the transition period referred to in the report and during which current arrangements would seem to remain in effect, it would apparently be necessary to organize the joint programme in a parallel way so that its execution would begin in January 1996. She wished to know what would happen after that date to the projects that were being implemented and had not yet been completed.

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Mr. MERSON (Executive Director of the WHO World Programme on AIDS), replying to the representative of Senegal, agreed that the ideal would be to redeploy the staff members which the various agencies already had in the field, but no decision had yet been taken on the way to do that. At the regional level, the agencies had decided that the best approach was to consider needs and then decide on the way to use the regional structures of the various organizations, instead of establishing a uniform regional structure. During the transition period, when the programme's overall budget and plan of work would be drawn up, it would be more advantageous in some cases to use the regional structure of one of the agencies and, in others, to establish a new regional mechanism. While the situation was similar to one involving staffing, the transition period was necessary in order to consider and organize the two issues. The co-sponsors had committed themselves to ensuring that the amount of funds to be used in the six organizations to finance the costs of programme staff members did not in any case or at any level exceed current expenditures.

With regard to the transition period, it was true that the six organizations currently had ongoing activities in the field and each had a different arrangement for those activities. It was necessary to proceed from those six arrangements to the new programme. Time was needed in order to plan the way to redeploy staff members without reducing the pace of any of the activities currently being carried out and at the same time to plan the future and gradually make the transition to the new programme, progressively reducing activities so that at the joint response remained at the same level. In the current phase, it was impossible to be more specific since no plans had yet been made for the period 1996-1997, which would be done through such mechanisms as the Committee of Co-sponsoring Organizations, which was recommended by the Council, and through the transition team, which that Committee had been given the task of establishing. The next report to be submitted to the Council, at the latest in April 1996, would be able to provide further details on the questions of staffing, regional action and the gradual transition from current activities to the new programme. In order to promote that process, it would be of paramount importance to select the director of the programme as soon as possible. The transition team could begin its work as soon as the current session of the Council came to an end.

The meeting rose at 8.05 p.m.